

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016961

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No.

47

Primary Registration District No.

3008

Registrar's No.

143

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Montgomery City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. INSTITUTION <b>St. Hospital #1</b>		Length of stay in lb <b>8 months</b>	
3. NAME OF DECEASED (Type or print) <b>Wilburn</b>		4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 20 1879</b>
9. AGE (In years at birthday) <b>80</b>		10. FUNDER 1 YEAR Months <b>9</b> Days <b>9</b>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no; if unknown, leave blank) <b>Unknown</b>		15. SOCIAL SECURITY NO. <b>Unknown</b>	
16. INFORMANT <b>St. Hospital No. 1, Fulton, Mo.</b>		17. ADDRESS <b>St. Hospital No. 1, Fulton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Hospital No. 1</b>		COUNTY <b>Callaway</b> STATE <b>Missouri</b>	
21. I attended the deceased from Death occurred at <b>3:50 p.m.</b>		and last saw her/him alive on <b>May 19, 1959</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Dr. G. F. ... M.D.</b>		22b. ADDRESS <b>St. Hospital No. 1</b>	
22c. DATE SIGNED <b>5-19-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 21, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Downing Cemetery</b>		23d. LOCATION (City, town, or county) <b>Downing</b>	
23e. ADDRESS <b>Wallace Funeral Home, Fulton, Mo.</b>		23f. STATE <b>Mo</b>	
24. FUNERAL DIRECTOR <b>Wallace Funeral Home, Fulton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 19-1959</b>	
26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*H. P. Measure*

Licensed Embalmer No. *1996*.....

P. O. Address. *Fulton Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.